

The Montgomery County Community Policy and Management Team Manual

Revised:

July 09, 2014,

July 1, 2015:

SB850 Name change; Comprehensive Services Act for At-Risk Youth and Families – Children's Services Act

SB 1041 Policy governing FAPT referrals/reviews to include parents/persons who have primary physical custody of a child

The Montgomery County Community Policy and Management Team (MC/CPMT), a body which was established as required by the Children's Services Act, and whose membership was appointed by the Montgomery County Board of Supervisors in a Resolution dated October 26, 1992, and whose purpose and function is detailed in its By-Laws adopted March 11, 1993, herein as required by the said Act, sets forth certain policies and procedures to guide its operation and provision of services.

I. CHILDREN AND FAMILIES ELIGIBLE FOR SERVICES UNDER THE CHILDREN'S SERVICES ACT

- A. The child or youth has emotional or behavior problems which:
 - 1. Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;
 - 2. Are significantly disabling and are present in several community settings such as at home, in school or with peers; and
 - 3. Require services or resources that are unavailable or inaccessible or that are beyond normal agency services or routine collaborative processes across agencies or require coordinated services by at least two agencies
- B. The child or youth has emotional or behavioral problems, or both, and currently is in, or is at imminent risk of entering purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency resources or routine collaborative processes across agencies, and requires coordinated services by at least two agencies
- C. The child or youth requires placement for purposes of special education in approved private school programs.
- D. The child or youth has been placed by parental agreement, entrusted to a local social services agency by parent or guardian or has been committed to the agency by a court of competent jurisdiction for the purpose of placement as authorized in §63.2-900, COV 2.2-5212A.

II. CHILDREN AND FAMILIES FOR WHOM SERVICES ARE TARGETED:

- A. Children placed for purposes of special education in approved private school education programs, previously funded by the Department of Education through private tuition assistance;
- B. Children with disabilities placed by local social services agencies or the Department of Juvenile Justice in private residential facilities or across

jurisdictional lines in private, special education day schools, if the individualized education program indicates such school is the appropriate placement while living in foster homes or child-caring facilities, previously funded by the Department of Education through the Interagency Assistance Fund for Non-educational Placements of Handicapped Children;

- C. Children for whom foster care services, as defined by §63.2-905, are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by §63.2-900;
- D. Children placed by a juvenile and domestic relations district court, in accordance with the provisions of §16.1-286, in a private or locally operated public facility or nonresidential program; or in a community or facility-based treatment program in accordance with the provisions of subsections B or C of §16.1-284.1;
- E. Children committed to the Department of Juvenile Justice and placed by it in a private home or in a public or private facility in accordance § 66-14, COV §2.2-5211 B.

III. DEFINITIONS

- A. Child or youth: For purposes of determining eligibility for the State Pool of funds, 'child' or 'youth' means 1) a person less than eighteen years of age and 2) any individual through twenty one years of age who is otherwise eligible for mandated services from the participating state agencies including special education and foster care services. COV §2.2-5212B.

IV. CPMT MISSION AND STRATEGIC PLANNING PROCESS

- A. The mission of the MC/CPMT shall be "to create a collaborative system of services and funding that is child-centered, family focused, and community based when addressing the strengths and needs of troubled and at-risk youths and their families". The purposes of the Team are:
 - 1. Ensure that services and funding are consistent with the Commonwealth's policy of preserving families and providing appropriate services in the least restrictive environment, while protecting the welfare of children and maintaining the safety of the public;
 - 2. Identify and intervene early with young children and their families who are at risk of developing emotional or behavioral problems, or both, due to environmental, physical or psychological stress;

3. Design and provide services that are responsive to the unique and diverse strengths and needs of troubled youths and families;
 4. Increase interagency collaboration and family involvement in service delivery and management;
 5. Encourage a public and private partnership in the delivery of services to troubled and at-risk youths and their families;
 6. Exercise statute-based authority, flexibility and accountability in the use of funds, in decision-making processes and in providing services which meet the purposes of the Act.
- B. The CPMT will bring into effect a strategic planning process. This process will include:
1. Development and support of collaborative efforts among local agencies and service providers;
 2. Coordination of a community-wide youth and family services needs assessment;
 3. Facilitation of the effort needed to develop specific services not available in Montgomery County;
 4. Prevention of unnecessary duplication of efforts and services
 5. Identifying, assessing, prioritizing risks; considering liabilities related to risks; collaborating and applying resources to minimize risk; implementing plan to address risk, if necessary.

Montgomery County CSA Goals and Objectives

GOAL #1: Encourage Family Involvement with the CSA Process

- Objectives:
- Require parent/legal guardian to attend initial FAPT meeting and subsequent reviews.
 - Notify parent/legal guardian at FAPT meeting of next scheduled review in writing.
 - Provide vendor surveys to parent/legal guardian for their input on services.
 - Have Case Manager/Agency Staff available to provide transportation to parent/legal guardian, if needed, to assist them in attending FAPT meetings.
 - Hold FAPT meetings in an easily accessible location.
 - Consider parent/legal guardian as equal partner when developing service plan.

GOAL #2: Contain CSA Costs While Delivering Effective Services to Montgomery County Families

- Objectives:
- Maximize all other funding sources before accessing CSA dollars.
 - Provide instructional/training tools to Case Managers.
 - Provide Utilization Management of records to ensure standards are meeting CSA mandates.
 - Track expenditures using EXCEL spreadsheet.

GOAL #3: Develop Creative Wraparound Services Plans

- Objectives:
- Provide training and technical assistance to Case Managers and FAPTeam members.
 - Maximize all other funding sources before accessing CSA dollars.
 - Assess strengths and needs of children/families through use of CANS

GOAL #4: Enhance Communication Between CSA and All Stakeholders

- Objectives:
- Maintain current CPMT By-Laws and Manual
 - Provide program assistance to Case Managers
 - Continue participation in SWVA Regional Steering Committee and SWVA Regional Coordinators Group

Goal #5: Provide Management and Information Data for Decision-making

- Objectives:
- Utilize OCS data management reports.
 - Provide effective services to reduce length of stay/placement by tracking pertinent data and notable behaviors via vendor progress reports each quarter.

Montgomery County CSA Performance Measures

Goal to be Addressed: *Encourage Family Involvement with the CSA Process*

- Provide notification of FAPT staffing to parent/legal guardian/foster parent.
- Evaluate family satisfaction by having parent/legal guardian/foster parent complete surveys.

Goals to be Addressed: *Contain CSA Costs While Delivering Effective Services to Montgomery County Families AND Develop Creative Wraparound Services Plans*

- Access alternative funding sources for services in lieu of CSA dollars.
- Decrease number of children in residential facilities over 12 month period by working closely with service providers in monitoring child's progress.
- Decrease number of children in Private Day School placements over 12 month period by supporting public school's efforts to offer alternative settings in locality.
- Inform case managers of instructional/training information/opportunities as available.
- Apply consistent collection of, and obtain, verification of household income for parental co-payments.

Goal to be Addressed: *Enhance Communication Between CSA and Stakeholders*

- Human Services staff to attend at least one half or more of meetings held by SWVA Steering Committee or SWVA Regional CSA Coordinators Group.
- Inform stakeholders of instructional/training information/opportunities as available.

Goal to be Addressed: *Provide Management and Information Data for Decision-making*

- Monitor child's behaviors in the placement over 12 month period.

V. APPOINTMENT OF FAMILY ASSESSMENT AND PLANNING TEAMS (FAPT)

The MC/CPMT shall establish and appoint one or more FAPT depending on the scope and volume of CSA cases being served. The FAPT will meet the required minimum membership as defined in the Children's Services Act. Agency directors will identify a representative, and one designee from the New River Valley Community Services, the 27th District Juvenile Court Services Unit, the Montgomery County Department of Social Services, and the Montgomery County Public School System. Interviews for FAPT members will be conducted as needed for new appointments. (CSA Program Protocol, Revised August 8, 2012)

A member of the FAPT will be a Montgomery County parent representative who is not an employee of any public or private program which provides services to children and families directly related to services provided under the Children's Services Act COV §2.2-5207.

FAPT Parent Representative Childcare Expense Reimbursement Policy:

The Montgomery County FAPT Parent Representatives support parents and caregivers who are seeking help for their families through the Montgomery County CSA program. The parent representatives may be eligible for childcare reimbursement not to exceed \$45.00 per FAPT meeting/training for their childcare expenses when actively participating in the local process. The parent representative shall submit a signed statement specifying the FAPT meeting(s) date(s) to request reimbursement. The invoice will be authorized by the Human Services Division/CSA and processed in accordance with the Division's operating manual, "Processing CSA Invoices", Section 14.

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The team shall include a representative of a private organization or association of providers for children's or family services if such organizations or associations are located within the locality [COV § 2.2-5205](#). This private provider representative is appointed by the MC/CPMT on a rotation bases biennially. FAPT membership appointments are made with the understanding that the representative will have the authority to access services within their respective agencies. Members may be reappointed to an unlimited number of consecutive terms in keeping with the perceived benefit in continuity of the Team, and as long as the member remains appropriately active.

VI. FAMILY ASSESSMENT AND PLANNING TEAM PURPOSE AND REFERRAL PROCESS

A. The purpose of the FAPT is:

1. Staff cases with a view toward inter-agency coordination and management of services;
2. Make recommendations regarding interventions for the family, including treatment, and in some cases, placement outside of the home;
3. Provide one central mechanism for parent/ person who have primary physical custody of a child in their care and agencies required by law or statute to provide interdisciplinary team management;

4. Provide feedback to the CPMT when services are non-existent in the community and client needs are unable to be met.
- B. A case (family or child) is appropriate for referral when any of the following apply:
1. Family/child has a long-standing persistent problem and there is multiple agency involvement;
 2. Family/child is in need of services or supervision and the Court has entered an order referring the case for FAPT recommendations;
 3. Child is being considered for residential placement or foster care placement;
 4. Child is returning to the community from a residential placement and an interagency plan is needed for services as defined in the IFSP transition plan.
- C. Roles and responsibilities in the referral process:

Case Manager and parent/persons who have primary physical custody of a child in their care:

1. Determine if the child/family meets the criteria above;
2. Notify the FAPT representative from his/her own organization to review case details and determine if appropriate for referral;
3. Discuss the referral process with parent and obtain proper release form to enable exchange of information with the FAPT. In compliance with section 2.2-5208 COV, assess parental co-pay, as follows:

For Community-Based Services: “Where parental or legal guardian financial contribution is not specifically prohibited by federal or state law or regulation, or has not been ordered by the court or by the Division of Child Support Enforcement, assess the ability of parents/legal guardians utilizing a standard sliding fee scale, based upon ability to pay to contribute financially to the cost of services to be provided, and provide for appropriate financial contribution from parents or legal guardians in the Individual Family Services Plan (IFSP).”

For Out-of-Home Placements: “CSA staff shall file the appropriate application for child support with the State Division of Child Support Enforcement (DCSE). Custodial and non-custodial parents of children in out-of-home care are to be referred to DCSE. “(adopted 2/11/15)

4. Prepare for FAPT staffing by gathering background data on the child/family;

5. Complete the FAPT referral packet;
6. Complete the Child and Adolescent Needs and Strengths Assessment (CANS);
7. Inform the parent/legal guardian of the following expectations:
 - a. The parent(s) or guardian must attend the initial staffing and subsequent reviews of their child's case, and are encouraged to be active participants in all aspects of assessment, planning, and implementation of services for their child.
 - b. The parent(s) or guardian should attend all team meetings, provide input and opinions during the planning process, and participate actively in the delivery of services.
 - c. Share in the cost of services at a level consistent with their ability to pay.
8. Assist the parent/child in discussing the presenting problem;
9. Serve as case manager to provide the following:
 - follow-up with the Team's recommendations,
 - refer youths and families to community agencies and resources in accordance with the IFSP,
 - make on-site visits to prospective and on-going service providers as needed to assess quality and to monitor service provision,
 - report back to the Team on progress with the case. Progress reports and/or evaluation of client status should be presented to FAPT by case managers during the scheduled review. Case managers are advised to document difficulty receiving progress reports from providers and have the matter returned to CPMT to be addressed.
 - locate vendor for services recommended by the Team as follows: using state service fee directory, choose a possible vendor as options for placement of a child in a residential treatment facility. The vendor must have an available slot, and must have given tentative agreement to accept the child's placement. The case manager must bring negotiated rates for the vendor, and usual length or duration of treatment provided by the vendor. Medicaid vendors will be contacted and considered first.
 - develop any necessary letters of intent or vendor agreements,
 - submit required documentation for payment.

The case manager/ parent/persons who have primary physical custody of a child in their care: will comply with all requirements of utilization management review, as necessary. Utilization Review conducted by the case manager must include ~~in addition to~~ CANS updates. Payment for a Medicaid funded service (Case Management, Treatment Foster Care and Residential) denied by DMAS due to a CANS reassessment not submitted by the required Utilization Management review deadline will be the obligation of the FAPT/CPMT case managing agency. Utilization Review will also include site visits, no less than quarterly, and the following:

- assessing progress of the child and family toward achieving goals and outcome objectives in the IFSP.
- assessing the ongoing ability of the service provider to meet the needs of the child and family.
- determining necessity for changing service provider
- determining the optimum time for discharge from a residential program and facilitating that discharge at the earliest possible date to maximize treatment impact and to minimize expenditure of CSA funds.
- Notify the Montgomery County Human Services Division of changes or terminations of approved services such as loss of custody by Department of Social services; services deemed unsuccessful or case closed by sponsoring agency; termination of placement; significant change in IEP; or family moving out of jurisdiction.

FAPT Agency Representative:

CSA Staff: (Parent/persons who have primary physical custody of a child in their care)

1. Screen cases for appropriateness for referral and schedule appropriate cases for staffing by the FAPT;
2. Advise referring person on completing background data and getting release form signed by parent;
3. Advise referring person on case management if needed.

FAPT Chair:

1. Ensure that all persons present at the FAPT staffing sign the required confidentiality statement;
2. Ensure that decision-making occurs by consensus, with majority rule when consensus is not possible; ensure that "dissenting minority" recommendations are entered into the Team minutes;
3. Ensure that an Individual Family Services Plan (IFSP) is developed for each case and that the Plan is child-centered, family focused with treatment provided in the least restrictive setting possible;
4. Ensure that the IFSP is signed by the parent(s) or guardian. The IFSP cannot be implemented without the consenting signature of the custodial parent and/or agency or individual legally serving in the place of the parent, excepting alternative orders by the court;

5. Ensure that the IFSP includes a transition plan for children placed in out-of-community residential programs. The transition plan shall include:
 - the type of placement to which the child will be stepped down;
 - alternatives where the child might be living at the time of discharge;
 - projected discharge date;
 - summary of follow-up and aftercare planned, and key players involved.

Team Members:

1. Attend all scheduled meetings and relevant training;
2. Participate in a consensus-based approach to Team decisions relative to case recommendations;
3. Provide information pertinent to the cases to be staffed;
4. Document Team recommendations for their agency and ensure follow through on all recommended actions;
5. Provide reports concerning follow up actions as required;
6. Request the attendance of additional agency staff when needed;
7. Treat fellow team members, parents, youth, and other visitors to the team meeting with respect, being sensitive to individual differences, and cultural and ethnic diversity;
8. Use accurate and respectful language in all oral and written communication to or about youth, families, and fellow team members and avoid the use of derogatory language and unwarranted negative criticism;
9. Adhere closely to FAPT confidentiality policy that all information about specific children and families obtained by Team members shall be used only for the professional purpose for which it was obtained and shared only with the agencies listed and for the purposes specified on the Consent to Exchange Information form.

CSA Program Manager:

1. Ensure that materials needed for the scheduled staffing are received at least two days prior to the staffing;
2. Ensure that respective families participate in staffing to the maximum extent possible;

3. Ensure that Team minutes are recorded and placed in child's file;
4. Serve as liaison to the CPMT;
5. Responsible for preparing requests for funds for services recommended by the FAPT to the CPMT.

VII. FAMILY ENGAGEMENT

MC/CPMT has adopted the Virginia Department of Social Services Family Engagement Policy and will not establish local policies that are in conflict or opposition to such.

- A. All Family Engagement team funding requests will be submitted for CPMT consideration in accordance with Montgomery County CSA policy.
- B. The Montgomery County Department of Social Services, in conjunction with the family, will be responsible for organizing and inviting participants to the Family Engagement team meetings.
- C. At least one core agency (27th District Juvenile Court Services Unit, Montgomery County Public School, or New River Valley Community Services) other than the Department of Social Services, will have a representative at the Family Engagement meetings. The other core agency will be available for consultation before, during, and after the meeting, as needed.
- D. The Montgomery County Department of Social Services shall submit written progress reports on a quarterly basis for all on-going Family Engagement team CSA funded approvals for FAPT/CPMT review.

VIII. FINANCIAL MANAGEMENT

- A. Circumstances under which youth and families are not required to be assessed by the FAPT but for whom funds from the state pool may be directly accessed include:
 1. Existing placements in effect prior to July 1, 1993
 2. Emergency Foster Care maintenance only
- B. Management and audit responsibilities for the funds pool rests in the office of the Montgomery County Financial and Management Services Division. Specific access to the funds involves:
 1. Case assessment by FAPT unless covered by Section VIII Items A. 1 and A.

2 above

2. CSA Program Manager submits request for funds via the CPMT Chair to the CPMT. Request will include:
 - a. Case name, number
 - b. Purpose of funds
 - c. Vendor
 - d. Amount requested, for what period of time
 - e. Documentation of parental co-payment determination
 3. Requests of an urgent nature which must be acted on before the next regularly scheduled meeting of the CPMT will be handled by a special CPMT meeting convened by the CPMT chair.
 4. Following approval by the CPMT, the CSA Program Manager will forward to the Financial and Management Services Division on an approved form, the authorization to release the funds (i.e., to submit a check to the vendor).
 5. The Financial and Management Services Division will provide to the CPMT Chair on a routine basis, a report of the expenditures assigned to the State Pool Funds.
 6. The Financial and Management Services Division will have an annual audit prepared on the State Funds Pool and have such audit submitted to the CPMT.
 7. The CPMT will conduct a review not less than quarterly of the expenditure of funds in order to assess the effectiveness and quality of programs/services being purchased with the State Funds Pool.
- D. The procedure for the CPMT suggesting that the County submit proposals for new services is as follows:
1. Funding for new community services provided by grants, proposals, or contracts secured by the CPMT shall be awarded on the basis of a competitive, sealed RFP process if the funding is in excess of \$10,000, and in accordance with the procurement procedures of Montgomery County.
 2. According to the Virginia Procurement Act, the County Procurement Manager may designate a service to be provided as being available only from a single, sole source in the community, and may recommend that the County award a contract on this basis.
 3. Requests for proposals shall be used for awarding any service contract exceeding \$10,000 in one calendar year. Such proposals shall be submitted

through a sealed proposal process.

4. Multiple criteria shall be specified in the request for proposals that establish the basis for evaluation of each proposal submitted by community agencies.
5. The notice for requests for proposals shall be published by the County Procurement Manager, and shall allow at least 20 calendar days for submission of proposals including the possibility of holding a pre-proposal conference.
6. The CPMT shall appoint at least one member to serve on the RFP review committee, ranking competing proposals with other committee members and forwarding the top-ranked applicants to County Administration.
7. In awarding contracts for professional services, proposals submitted by community agencies shall be ranked according to the criteria established in the request for proposals. The County's Procurement Manager shall negotiate with the community agency that submitted the proposal ranked first and attempt to arrive at a suitable agreement. If an agreement cannot be reached with the agency submitting the proposal ranked first, negotiations shall be terminated with this agency, and negotiations shall begin with the agency submitting the proposal ranked second. This process shall continue until a suitable agreement is reached with an agency submitting a proposal.
8. This process shall meet all of the other provisions of the Virginia Procurement Act, and comply with Montgomery County purchasing procedures.

IX. NON-DISCRIMINATION

- A. Neither the CPMT nor the FAPT shall discriminate on the basis of race, sex, age, religion, socioeconomic status, handicapping conditions, or national origin.

X. RETENTION AND DESTRUCTION OF CSA RECORDS

- A. The retention of and destruction of original records is based on the agency's retention and destruction policy under whose purview the record originated. The State Library of Virginia is responsible for managing the retention and destruction of all public agency records and has developed schedules applicable to each agency. (<http://www.lva.virginia.gov/agencies/records/retention.asp>) Record officers, who must sign off on forms before destroying any public record, are located through the State of Virginia.
 1. MC/CPMT Retention and Destruction of CSA records:

- a. CSA records will be retained for three (3) years following a client's 18th birthday within a given fiscal year;
- b. Exceptions:
 - Client is still receiving services on 18th birthday;
 - Client has an IEP and therefore eligible for services until age 22
 - Client in the custody of DSS and therefore eligible until age 22 or until custody is relinquished
- B. MC/CPMT will adhere to requirements of the Family Education Rights and Privacy Act and the Code of Virginia regarding education records. Specifically, parental consent is required to release education records. Education records are broadly defined as all records maintained by the education agency.

XI. DUE PROCESS FOR APPEALS

- A. The MC/CPMT will ensure that due process for appeals are followed. In cases not before a court of subject to appeal under applicable statutes, the child and family will have the right to appeal the recommendations of the Family Assessment and Planning Team (FAPT).
- B. The process is as follows:

At the conclusion of the FAPT meeting all children and families will be provided with a copy of the Individual Family Service Plan (IFSP) and be informed of their right to appeal the FAPT recommendations and the process to follow.

*The request for an appeal must be made by the child/family within **30 days** of the decision by the FAPT on which the appeal is focused. Upon request of the child/family, the appropriate agency (i.e. the agency which originated the referral to FAPT), will consider the appeal through an **informal conference**. If the agency agrees with the child/family, the agency will refer the issue to the FAPT for modification of the plan and/ or reassessment. If the agency reaffirms the initial decision of the FAPT, the child/family may ask to have the service plan reviewed by the CPMT. The request for the review by the CPMT must be made in writing to the Chair of the CPMT within **10 working days** of the agency decision.*

The request shall include: a) specifically what they are appealing; b) what they are requesting as an alternative; and c) the supporting information to justify the appeal. The request is to be submitted to the MC/CPMT Chair, Human Services Division, 210 South Pepper Street, Suite D, and Christiansburg, VA, 24073.

The appeal hearing shall be heard at the next regularly scheduled CPMT meeting in

closed session. The CPMT may uphold or alter the FAPT's decision. A determination in writing shall be rendered within five **(5) business days** of the appeal to the person requesting the appeal, the case manager and the FAPT Chair. The process does not supersede other appeal rights which may be governed by the statute. The CPMT is the final step for local appeal. (CPMT 4/15)

XII. Intensive Care Coordination – adopted by the State Executive Council April 30, 2013

Intensive Care Coordination shall include facilitating necessary services provided to a youth and his/her family designed for the specific purpose of maintaining the youth in, or transitioning the youth to, a family-based or community based setting. Intensive Care Coordination Services are characterized by activities that extend beyond regular case management services that are within the normal scope of responsibilities of the public child serving systems and that are beyond the scope of services defined by the Department of Medical Assistance Services as “Mental Health Case Management.”

Population to be served by Intensive Care Coordination:

Youth shall be identified for Intensive Care Coordination by the Family Assessment and Planning team (FAPT). Eligible youth shall include:

1. Youth placed in out-of-home care¹
2. Youth at risk of placement in out-of-home care²

¹Out-of-home care is defined as one or more of the following:

- Level A or Level B group home
- Regular foster home, if currently residing with biological family and due to behavioral problems is at risk of placement into DSS custody
- Treatment foster care placement, if currently residing with biological family or a regular foster family and due to behavioral problems is at risk of removal to higher level of care
- Level C residential facility
- Psychiatric hospitalization
- Juvenile justice/incarceration placement (detention, corrections)
- Emergency Shelter (when placement is due to child's MH/behavioral problems)

²At-risk of placement in out-of home care is defined as one or more of the following:

- The youth currently has escalating behaviors that have put him or others at immediate risk of physical injury.
- Within the past 2-4 weeks the parent or legal guardian has been unable to manage the mental, behavioral or emotional problems of the youth in the home and is actively seeking out-of-home care.
- One of more of the following services has been provided to the youth within the past 30 days and has not ameliorated the presenting issues:

- Crisis Intervention
- Crisis Stabilization
- Outpatient Psychotherapy
- Outpatient Substance Abuse Services
- Mental Health Support

NOTE: Intensive Care Coordination **cannot** be provided to individuals receiving other reimbursed case management including Treatment Foster Care-Case Management, Mental Health Case Management, Substance Abuse Case Management, or case management provided through Medicaid waivers.

Providers of Intensive Care Coordination

Providers of ICC shall meet the following staffing requirements:

- 1) Employ at least one supervisory/management staff who has documentation establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for supervisors and management/administrators (such documentation shall be maintained in the individual’s personnel file);
- 2) Employ at least one staff member who has documentation establishing completion of annual training in the national model of “High Fidelity Wraparound” as required for practitioners (i.e., Intensive Care Coordinators). Such documentation shall be maintained in the individual’s personnel file.

Intensive Care Coordination shall be provided by Intensive Care Coordinators who possess a Bachelor’s degree with at least two years of direct, clinical experience providing children’s mental health services to children with a mental health diagnosis. Intensive Care Coordinators shall complete training in the national model of “High Fidelity Wraparound” as required for practitioners. Intensive Care Coordinators shall participate in ongoing coaching activities.

Providers of Intensive Care Coordination shall ensure supervision of all Intensive Care Coordinators to include clinical supervision at least once per week. All supervision must be documented, to include the date, begin time, end time, topics discussed, and signature and credentials of the supervisor. Supervisors of Intensive Care Coordination shall possess a Master’s degree in social work, counseling, psychology, sociology, special education, human, child, or family development, cognitive or behavioral sciences, marriage and family therapy, or art or music therapy with at least four years of direct, clinical experience in providing children’s mental health services to children with a mental health diagnosis. Supervisors shall either be licensed mental health professionals (as that term is defined in 12 VAC35-105-20) or a documented Resident or Supervisee of the Virginia Board of Counseling, Psychology, or Social Work with specific clinical duties at a specific location pre-approved in writing by the applicable Board. Supervisors of Intensive Care Coordination shall complete training in the national model of “High Fidelity Wraparound” as required for supervisors and management/administrators

Training for Intensive Care Coordination

Training in the national model of “High Fidelity Wraparound” shall be required for all Intensive Care Coordinators and Supervisors including participation in annual refresher training. Training and ongoing coaching shall be coordinated by the Office of Children’s Services with consultation and support from the Department of Behavioral Health and Developmental Services.

The CPMT Manual is revised and adopted by the CPMT on the 8th day of August, 2012.

Additional revision to pages 5-7, Section C, “Roles and responsibilities in the referral process, Case Manager”, approved by CPMT on the 9th day of January, 2013.

Additional revisions to page 7, V. Appointment of FAPT, and VIII. Financial Management, A. #2., approved by CPMT on the 9th day of July, 2014.

July 1, 2015

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Due Process for Appeals changes- Pages 15&16